

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
FLORENCE DIVISION

Jonathan Lewis,

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Plaintiff,

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vs.

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C/A NO.: 4:23-cv-01720-JD

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Circle K Stores, Inc.,

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)

Defendant.

)

VIDEOTAPED

DEPOSITION OF: NATHANIEL EVANS, M.D.

DATE: July 18, 2024

TIME: 12:18 p.m.

LOCATION: OrthoSC

210 Village Circle Drive

Suite 200

Myrtle Beach, South Carolina

TAKEN BY: Counsel for the Plaintiff

REPORTED BY: Michele L. Owens

VIDEOGRAPHER: Jon Landau

1 slipped, and injured his leg. He was seen
2 originally, I think, at McLeod Seacoast in the
3 emergency department, had X-rays, and they sent him
4 home. And then we were concerned, in the office,
5 about a patellar tendon rupture based on his
6 physical exam and his presentation.

7 Q. And I believe it was your PA, but when
8 you see a new patient like Jonathan, do you take
9 what's called an HPI?

10 A. Yeah, a history of present illness.
11 Yeah, kind of the, basically, why is the patient
12 here. That's kind of a summary of...

13 Q. And is determining, I guess, why the
14 patient is there, is that part of your -- part of
15 the information that you need to make an
16 appropriate diagnosis of the injury?

17 A. Yes.

18 Q. And it's my understanding that
19 Mr. Lewis did give, at least to your PA, sort of a
20 history of what had happened to him; is that
21 correct?

22 A. Yes.

23 Q. And do you have Mr. Lewis' HPI from
24 October 25th? Do you have that in front of you so
25 that you would be able to read it for us?

1 A. Yeah. It says [reading]: 38-year-old
2 male at this time comes in with right knee pain on
3 10/20/2022. He was in a local gas station,
4 slipped, and felt a pop in right leg. Patient was
5 taken to McLeod ER where he had X-rays and then was
6 discharged. Patient comes in today with knee
7 pain for evaluation. Patient is having difficulty
8 walking and unable to do a straight leg raise.

9 Q. Great. Now, Dr. Evans, in your
10 records, do you happen to have the Horry County
11 Fire and Rescue EMS notes?

12 A. I don't believe so.

13 Q. Okay. I'm going to -- I'm going to
14 read in a position, and, again, my understanding is
15 when the paramedics arrived, they also complete
16 sort of an HPI, a history of present illness; is
17 that right?

18 A. Yes. My guess is that's for the ER?
19 Or that's when he went to the ER visit?

20 Q. Yes, that's correct. And the date of
21 his ambulance ride was October 19th, 2022, and I'm
22 not going to read the whole thing. But I'm going
23 read where it says PT [reading]: Patient states
24 they felt a pop in their knee which caused them to
25 fall and are not experiencing pain in the leg.

1 right knee pain occurred after he slipped on a wet
2 floor at a gas station just prior to arrival.

3 Patient states that he has Lexuss -- or split side
4 to side -- I'm not sure what that says.

5 [Reading] His right big toe got caught
6 on the floor, and he twisted his right knee.

7 Patient denies hitting his head or back and does
8 not have any pain except his right knee.

9 Q. Thank you, Doctor.

10 Can you, I understand -- and so what
11 did you end up diagnosing Mr. Lewis with? What was
12 the specific injury you believe he suffered?

13 A. A patellar tendon rupture.

14 Q. Am I correct that a patellar tendon
15 rupture could either be acute or chronic; is that
16 correct?

17 A. A chronic patellar tendon rupture would
18 be incredibly rare.

19 Q. Okay.

20 A. It's almost exclusively acute. It's
21 almost exclusively from an injury. You may have
22 weakness or something on a patellar tendon, but
23 it's more likely your quadriceps tendon that may
24 predispose you to have injury, but it's almost
25 always an acute injury.

1 Q. And it's my understanding that a
2 patellar tendon can tear or rupture when there is a
3 forceful indirect contraction of the quadriceps
4 tendon; is that correct?

5 A. Sure, yeah. Basically, if somebody's
6 knee bends really quickly, it can rupture the
7 patellar tendon.

8 Q. And would a person who maybe
9 unexpectedly slips or their foot turns one way or
10 their knee turns another way, is that a common
11 cause of a ruptured patellar tendon?

12 MR. HOLT: Objection, leading.

13 Go ahead, Doctor.

14 A. Yes, that would be a common mechanism,
15 something where your knee bends quickly or
16 unexpectedly. We will see it in, like, skiing
17 injuries or something like that, if somebody's ski
18 gets caught and the foot turns one way and the leg
19 goes the other way, that type of picture of why
20 your patellar tendon might rupture.

21 Q. Would maybe an event like a missed
22 step, could that also be -- or could that also
23 cause a patellar tendon rupture?

24 MR. HOLT: Same objection.

25 A. Yeah. So I think -- usually there

1 might have to be something a little bit more to go
2 with it, so falling down. Somebody just missing
3 the last step -- it would probably be as they are
4 falling that potentially their patellar tendon
5 ruptures, but just skipping over one step or
6 stumbling a little bit, maybe not as much.

7 BY MR. SANDEFUR:

8 Q. Does the patellar tendon, for it to
9 tear or rupture, does it require a pretty
10 significant amount of --

11 A. Yeah, and I think that's what I'm
12 indicating there is, that it would take a little --
13 a descent bit of force to cause it to rupture.

14 Q. Based on what we just talked about,
15 about what would potentially cause a patellar
16 tendon to rupture and the history of present
17 illness given by Mr. Lewis, do you have an opinion
18 as to whether or not Mr. Lewis' patellar tendon was
19 an acute event?

20 A. I think it was, yes.

21 Q. Is hearing a pop when someone ruptures
22 their patellar tendon, is that pretty common?

23 A. Yeah, I think people feel some sort of
24 sensation that something is torn or ruptured or
25 something is not quite right.

1 Q. Is there anything that you see in
2 Mr. Lewis' records or based on your history or
3 training or education and your experiences, does
4 this seem to be a situation where Mr. Lewis'
5 patellar tendon just spontaneously gave out?

6 A. No.

7 Q. Would you expect a person with no
8 issues ambulating to suddenly have their patellar
9 tendon rupture or tear?

10 MR. HOLT: Objection, misstates the
11 facts in evidence.

12 You may answer, Doctor.

13 A. No.

14 BY MR. SANDEFUR:

15 Q. And to -- or is it your opinion that
16 Mr. Lewis suffered an acute injury to his right
17 patellar tendon?

18 A. Yes.

19 Q. And is that opinion to a reasonable
20 degree of medical probability?

21 A. Yes.

22 Q. Can you tell us, in layman's terms,
23 what happens when an individual ruptures their
24 patellar tendon?

25 A. Are you asking about how do we treat,

1 or are you asking about the biomechanics of what
2 happens to the tendon?

3 Q. The biomechanics. What does that
4 tendon do? How does that affect someone who has
5 ruptured their patellar tendon?

6 MR. HOLT: I'll object. He's not been
7 qualified as a biomechanics expert.

8 But you can go ahead and answer,
9 Doctor.

10 A. Sure. So the patellar tendon, if you
11 think of this as the knee [indicating], the tendon
12 comes in and inserts on the top of the tibia, or
13 shinbone basically, and that tendon, through its
14 attachment, helps elevate the lower leg, so
15 basically straighten out your knee. So if that
16 connection is disconnected, if the tendon is
17 ruptured, you would be unable to straighten out
18 your knee; and so when sitting in a chair trying to
19 lift your foot off the ground, you'd be unable to
20 do that; or even walking, you would be unable to
21 swing your leg out straight to be able to extend it
22 to plant for your next step, so...

23 BY MR. SANDEFUR:

24 Q. So I'm assuming that having a ruptured
25 tendon, would that interfere greatly with a

1 person's ability to --

2 A. Yeah. You wouldn't be able to walk.
3 You wouldn't be able to get up and down out of a
4 chair. You wouldn't be able to do much of
5 anything.

6 Q. Did you -- what was the diagnosis that
7 you gave Mr. Lewis after he came to see you in
8 October?

9 A. Patellar tendon rupture.

10 Q. And did you perform any medical
11 procedures on Mr. Lewis?

12 A. Yeah. We obtained an MRI to confirm
13 the diagnosis, but also scheduled him for surgery
14 for basically the repair of the patellar tendon
15 rupture. Yeah. We also were going to place him in
16 an external fixator, which is pins and bars to help
17 stabilize the knee. For him, that's a little bit
18 of an unusual part of the case.

19 Usually we put somebody in a splint.
20 Mr. Lewis is a fairly large individual, so I was
21 concerned that, number one, we quite frankly
22 wouldn't have any braces that would fit him; and so
23 it would be hard to stabilize and protect that
24 repair, because you can basically reattach the
25 tendon back down to the bone, but then it needs

1 A. Based on this report, I mean, this is
2 basically the EMS or firefighter or paramedic --
3 whoever wrote this, this is their -- this is their
4 assessment of what the patient told them. I have
5 no reason to doubt that.

6 Q. And, Doctor, do you have any reason to
7 doubt that the pop Mr. Lewis heard preceded him
8 falling?

9 A. I think -- I think it would be unusual
10 to have your knee just pop randomly and then fall
11 down. Usually, your knee is going to be in a
12 position that is stressed, is seeing increased
13 stress on the knee. Patellar tendons don't just
14 rupture spontaneously. I'm not worried that as I'm
15 walking around today my patellar tendon is going to
16 pop. That's usually not something that happens.

17 So I think the way it's recorded, that
18 somebody is having a fall or somebody is going
19 through an injury, the timing is so instantaneous
20 that it's hard for the patients, I think, to
21 determine the sequence of events going on, when
22 it's milliseconds that are separating them.

23 Q. Have you heard of something called
24 forced extension against fixed flexion?

25 A. Forced extension, yeah, I mean, like